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ORIGINAL ARTICLES.

Angioma of Skin—Report of Case with Specimens.

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In chosing this subject, with the accompanying report of case and the exhibition of specimen together with the microscopical slides, I desire to call your attention to a very common tumor or neoplasm.

The angiomata are, in a large majority of cases, congenital. They constitute the so-called birthmarks, naevi, strawberry marks and blue moles. Scientifically considered they are classified as: Simple angiomata, derived from and composed of more or less widely dilated capillaries; venous, or cavernous angiomata, having the structure of widely dilated veins or sinuses, as in the corpus cavernosum penis; and, the aneurisms by anastamosis.

Whatever may be their gross structure, they seem to be derived from preexisting vascular structures, and the new growth closely follows in the character of its tissue the physiological type of vascular structures.

They are frequently subcutaneous and involve also the areolar and papular layers of the cutis vera, when situated in the skin, and are covered by the epidermis. In these tumors in addition to the dilated vessels we find the usual structures such as hair follicles and sweat glands. The color of these tumors depends upon the color of the blood in the dilated vessels showing through the epidermal covering. Those tumors composed largely of capillaries and situated near the surface are dark red; those of veins, bluish; and, those of arteries lighter red.

We do not know what may be the causes that lead to this new formation of vascular tissue in certain locations, but the popular notion among the laity is that of maternal impressions. Perhaps this is correct; perhaps Conheim's theory of tumor formations is correct, but, how explain those tumors that develop in later life? Among the lower animals, we frequently find angiomata in the liver of cats, and in man the liver is frequently effected in old age; but of the reasons above assigned how accurately can they be applied to the ætiology of this condition in these cases?

The manner in which they form has been described by Virchow, who held that inflammation and hyperplasia of connective tissue always preceded this formation, and that the new vessels were formed from the connective tissue cells. This has been disputed by many pathologists such as Rokitansky, Reindfleish, Stricker and others. The cause, whatever it may be, that leads to this formation, while it may be accompanied by inflammation and hyperplasia of connective tissue cells, probably leads to the proliferation of the cells of vascular structures much the same as new vascular tissue is formed in any location and under any circumstance.

I will not describe the clinical appearances for you are doubtless familiar with these neoplasms, and it is only when they present unusual characters that a diagnosis becomes difficult. The history of the case, which I wish to relate to you, is the following:

Mrs. N. M. ——, age 24. At birth two oval areas in the skin, dark red in color, were found on the anterior and inner aspect of the right thigh. These were on a line parallel with the fold of the groin. At this

time they were small in size and unelevated. At 16 years of age, while riding horseback, a loose corset stay injured the lower and innermost area. These areas at this time were each about the size of a lima bean, but after the injury the lower area commenced to increase in size and became elevated. Growth continued for a year or more. During this time there was slight inflammation in the tumor and some pus. In the spring of 1887, she consulted a physician of this city and commenced treatment with him. The treatment was continued four years, and consisted of injections of carbolic acid with cauterization by the same remedy. This caused great pain, but the tumor slightly diminished in size. About one year after beginning treatment, the upper and outer area commenced to grow. It likewise became elevated. This tumor was not treated by the injection method. Finally, after four long years of patient treatment, this lady decided to try the cancer quacks. Powders and "blood medicines" failed to alter the growth. Various physicians had seen the tumors and the majority diagnosed malignant growth, some cancer and others various conditions.

In December '93, this lady consulted me. The appearance then was of two tumors smaller than pigeon's eggs situated on a line about four inches long, parallel with the fold of the groin and about four inches below. The upper and outer tumor or the last tumor as above mentioned was covered with a dark brown scab; the lower tumor was smooth. When scab was removed, a large granular, "seedy" ulcerating surface was exposed.

Hemorrhage only occurred after injury or after the injections.

At times the tumors would enlarge and then would decrease again. But the increase and decrease seemed to be independent of menstrual periods. These tumors occasioned more or less pain, which was of a dull aching character, occasionally burning, and sometimes lancinating, the pain radiated toward the crest of the ileum, was more or less constant, and was more marked in damp weather or after standing and severe exercise. The upper tumor was more painful than the lower.

The family history good, there being no history of tumors or birth marks in the family of either father or mother. Maternal impression receives the blame for this condition in this lady, from the parents.

On examination, in addition to the above, I found the tumors firm in consistency, dark red in color, movable and not adherent to the deep structures. The first tumor was indurated, especially about the seat of the frequent hypodermic needle punctures. Pressure failed to empty the blood vessels, but did not cause much pain. The glands of the groin were free from any enlargement.

A congenital angioma of the skin was diagnosed, and operation for removal advised. This was accepted, and on March 30th, '94, with the assistance of Dr. McCrae, I removed the growth.

At the time of operation two large arteries were severed as well as the middle cutaneous nerve; these structures being included in the growth in such a manner as to prevent removal without injury. On account of the suppuration present in one tumor, I found it impossible to get union by first intention, but notwithstanding the suppuration, today (April 9) I find the wound nearly closed.

After the removal of the tumor I examined the growth and found inflammation in one tumor with some pus. On section large blood vessels could be seen, and the growth had the appearance of fresh beef.

Microscopically, this growth presents the character of a simple angioma. This is more marked in the second growth than in the first. In the first growth, or the one treated with carbolic acid injections, we find a large amount of fibrous tissue. In the second growth, we find the evidences of inflammation. Taking an area in which we have the typical formation, we find large blood vessels—dilated capillaries, full of blood. Between the vessels, we find a small amount of connective tissue with numerous nuclei. These vessels seem to be aggregated into areas and interspersed between

these areas, we find a large amount of adipose tissue. This section, which I present to you for microscopical inspection, and which I have described to you is taken from the under side of the second growth, and while it exhibits the condition to the best advantage, it also shows the adipose tissue which is not found toward the external surface of the growth. After reviewing the microscopical appearances as well as taking into consideration the clinical history, I think I would be justified in giving a favorable prognosis; probably the growth will never return.

The reasons for the removal of these tumors, are that they were frequently injured and became ulcerated, caused great annoyance and became foul. These growths, especially when exposed to irritation, have been known to take on a malignant character as age advanced. Thus it will be seen that a simple surgical proceedure, in a very few minutes would relieve her of a troublesome and even dangerous tumor.

A Case of Ligation of Uterine Arteries for Fibroma.

BY

J. L. LYMAN, M. D., Manhattan, Kan.,

Professor Diseases of Bones, and Fractures and Dislocations in Kansas Medical College.

Mrs. M. J. ——, Irving, Kan., came into my hospital March 7th, 1894, for an operation for abdominal tumor, with the following history: She is of less than medium build, age 37, apparently in fair health; menstruated at 14, irregular for one year. At 18 she had menorrhagia for about one year, consulted no physician, since has been entirely regular until the past year. She was married in 1885, but has never been pregnant. First noticed tumor in 1890, which she could feel just above the pubis. For two years it increased gradually, and for the first year she had considerable pelvic tenderness. The last year it has increased more rapidly. She has had but two profuse hemorrhages—Dec. 25, '93, Feb. 25, '94—the last before coming here. Had serous discharges constantly, from vagina, which were much worse after each menstruation. In the fall of '93 she was treated in Atchison by a thoroughly competent physician with electricity for a number of months but with entirely negative results. Examination shows abdomen enlarged anteriorly and presenting the appearance of about a six month's pregnancy. Palpation revealed an oval, solid body extending to level of umbilicus. Examination per vaignam, os and cervix somewhat increased, but the body was so enlarged as to nearly fill the upper part of pelvis. Sound could be introduced left, latterally three and one-half inches. Diagnosed an intramural fibroid. Concluding that this, except for its size, would be a suitable case for Martin's operation of ligating the uterine arteries, on March 9th, assisted by Drs. Roberts and Willard, I did the operation nearly according to his plan. The patient was as particularly prepared as for a laparotomy, with very especial attention to rendering the vagina aseptic. Patient was placed on her back. Used a Clover's crutch with knees well drawn up. On account of the size of the tumor very little depressing of the uterus could be accomplished. Semicircular lateral incisions were made just external to juncture of cervix and vagina, which were dilated with the fingers, together with the cellular tissue until the uterine arteries could be felt. Instead of separating and raising each artery on the finger, as directed by Martin, which in this case, on account of their heighth, would have been very difficult, I passed a long pair of tissue forceps along one index finger, and directed by that, seized the artery with surrounding tissue, and passed the forceps to an assistant. Then with a ligature needle with large curve, my index finger being above and behind for a guide, I passed the ligatures in each case, from below, behind and over the vessel, and tied and cut short. Only one small artery, the right vaginal, required any attention. The uterine artery on left side lay more posteriorly than the right.

Although there was so little arterial hem-

orrhage, the veinous was quite abundant, in spite of hot packing and douches. In consequence, both wounds were packed with iodoform gause. In fact the wounds were not sutured, at all, but treated to light packing and carbolized injections. The wounds healed very kindly, the pelvic soreness from the operation also disappeared very rapidly. There was slight rise of temperature for forty-eight hours, but aside from this her convalescence was entirely uneventful. She sat up on the fourteenth day, and left the hospital on the twentieth after the operation.

As to the fibroid, it seemed to enlarge for about two days. After this it slowly diminished, and at the end of a week was quite perceptibly smaller, and at the time she left the hospital it was reduced *more than one half*, and as she expressed it, "The pressure is all gone, and I would not know that I had a tumor left."

What will be the ultimate success of this operation for uterine fibromas time only will decide. But it does seem reasonable to expect, that in women nearing the menopause, this would so effectually check their growth that not sufficient collateral circulation would be developed to cause them to grow again.

Salycilate of soda in acute tonsilitis is, according to the *Northwestern Lancet*, often little less than a specific. Its use should begin as early in the attack as possible and should be pushed to the point of producing slight ringing in the ears, when the dose may be decreased, but its administration should be kept up for a day or two after the disappearance of the fever. Fifteen grains every three hours will in most cases cause the ears to ring, when ten and later five grains may be given at the same interval. —*Philadelphia Polyclinic.*

Herpes Zoster Ophthalmicum.

By J. E. MINNEY, A.M., M.D.

Report of a Case to the Topeka Academy of Medicine and Surgery, April 13.

William Bacon, of Green, Kan., age 40, married, Canadian by birth, came to my office Sunday morning April 8, '94, by request of Dr. Morton of Green. Family history good. Mr. Bacon says he has always been a strong, hearty man, although he takes cold easily and sweats freely, particularly about the head. He has had a severe cold for the past three months. During January and February he had trouble with his back. Could not straighten up for several days and suffered considerable pain. He has a stiff feeling in his legs and thighs for the past few years. His mother is 68 years of age and has had rheumatism for the past 40 years. She is crippled and the knee joints are stiff.

Clinical History.—Twenty-one days ago he felt a sharp, stinging pain in the right eye. It passed off in a few moments and returned in twenty or thirty minutes, pretty regularly in this remitting way for three days. He was sure that there was dirt in the eye. On the third day his wife noticed a little blister on the under side of the upper eyelid and it seemed to extend through the lid. The white of the eye turned red and from this time on the pain was constant, lancinating and excruciating, making him dodge his head at times. The lids of the eye, the side of the nose to the tip and the right side of the forehead and the skin on the head to the top, over to the median line was swollen, red and covered more or less with little blisters. Dr. Morton of Green was called to see him on the eighth day of the attack, when the condition described was present. The doctor diagnosed the case—Herpes Zoster, or Shingles—and put him on treatment. When the blisters began to dry up the eye got numb and free from pain and there is no sensation in it now. There were two large lumps (lymphatic

glands) arose behind and in front of his ear. They were painful and tender to touch. There is yet a dull, heavy pain in the temples and around the margin of the orbit, seemingly in the bones. The first blister noticed on the eyeball was in the center of the cornea on the eighth day, and the sight failed rapidly until there was bare perception of light. The pain was greatly relieved on the twelfth day, the blisters having dried into a crust.

Present Condition.—The marks of the eruption are present as you see on the affected part. The cornea, conjunctiva and iris are yet involved as shown by the three spots on the cornea coalescing into one. The cornea is anæsthetic and in the site of the blisters, the epithelial covering is absent and Bowman's membrane is involved. The conjunctiva is deeply congested but free from ulceration. The lids are some thickened and the iris responds sluggishly but not completely to the mydriatic.

The pulse and temperature are normal. The urine is heavily loaded with phosphates, the specific gravity 1020 and a clearly defined ring of albumen is developed by the cold nitric acid test.

The prognosis in this case is fairly good. There will be a slight nebula remaining, owing to the age of the patient and Bowman's membrane being involved, although the eye will be useful. The gravity of the case is greater in this particular case because the left eye has always been weak and the sight poor, measuring five dioptrics hypermetropic and being amblyopic.

Herpes Zoster Ophthalmicum is said to be caused by degeneration of the Casserian ganglion or of the branches of the trigeminus, or of both. The part affected is along the tract of the nerve or the branch involved.

Treatment.—Keep the patient quiet. Drop into the eye a 2 gr. sol. of atropine every two or three hours. Apply hot fomentations with but little intermission, morphine to quiet pain and from five to ten grain doses of quinine every two or three hours until complete cinchonism. Keep the eye protected.

The East Kansas Medical Society.

The East Kansas Medical Society met in A. O. U. W. Hall, 723 Kansas avenue, April 12, 1894, at 8 p. m.

President McCandless in the chair.

Minutes of last meeting read and adopted.

The Secretary read the annual report which contained the following items: Number of meetings, 4—one a joint meeting held in Topeka in January with the Golden Belt; attendance, 143; deaths, 4—(Drs. Redden, Terwilliger, Warren and Longley;)—new members, 11; papers read, 17; money received, $33.25; expended, $29.30; balance in treasury, $3.95.

The following committees were then appointed by the president:

Nominating Committee—Drs. O'Brien, Lane, Gray, Beers and Alexander.

Committee on Necrology—Drs. Pickard, Wall, Ward and W. E. McVey.

Board of Censors—Drs. Eastman, Minney and R. E. McVey.

The Committee on Necrology made the following report upon the death of Dr. E. Longley, of Burlingame:

"WHEREAS, The busy and useful life of one of our members, Dr. E. Longley, has been cut short while yet in the prime of life,

Resolved, That this society express its profound sorrow at his sudden and unexpected demise, and that we tender his family and friends our sincere condolence.

Resolved, That a copy of these resolutions be spread upon the minutes and a copy sent to his family.

(Signed) DR. W. S. PICKARD,
" G. A. WALL,
" M. B. WARD,
" W. E. MCVEY.

We are under obligations to Dr. Pickard for the following history of the deceased brother's life:

"Dr. Edmund Longley was born in Waterloo, Province of Quebec, Canada, March 18, 1845, and died in Burlingame February 22, 1894. He graduated in medicine and dentistry at McGill University in 1869, after a seven years course in that institution. He commenced the practice of medicine at Munsonville, Canada, afterwards, removing to Lawrenceville, Mass., and then returning

again to Canada. In 1883 he came to Burlingame where he practiced medicine and dentistry up to the time of his death—except for a short time when he was in Canadian, Texas. He was well grounded in the principles of medicine, was a successful practitioner and courteous gentleman."

The Board of Censors reported favorably upon the application of Dr. F. H. Batty, of Dover, (Kan. Med. College, '93) and Dr. A. E. Gundry, St. Marys, (Kan. Med. College, '94) for membership.

The Nominating Committee reported as follows:

For President—Dr. R. E. McVey, Topeka.

Vice-President—Dr. Geo. M. Gray, Kansas City.

Secretary—Dr. G. A. Wall, Topeka.

Treasurer—Dr. Ida C. Barnes, Topeka, place of next meeting—Leavenworth. Report accepted.

The president, Dr. McCandless, in his address gave a retrospect of the past year's work of the society. Also, some of the advances of medical science. The report was well received.

Dr. Lanphear in his paper, "After Treatment of Abdominal Operations" gave a full outline of bedside treatment and what to do when unfavorable symptoms arise. So that the inexperienced in this line of work could well feel safe with such a guide. Dr. J. F. Binnie in discussion said that he differed with the author in the dieting. Does not advocate starvation, but gives hot teas the first day, chicken broth the second; for thirst, hot water or coffee; if vomiting can be given per rectum; much prefer to see temp. of 101° than 97 or 98; keep the patient in bed six weeks, if you can, to prevent hernia.

Dr. Ward: Also in favor of plenty of hot water and light foods early. Don't think the adhesive strips comfortable; think they will soon blister; much prefer the flannel bandage; don't believe in strict seclusion.

Dr. Lamphear in closing said: If a man can be rapid and clean his mortality record will be low. Food and water can be given early in appendicitis and intestinal obstruction but not in ovarian operations. In tender skinned patients I do not use the adhesive strips. I maintain absolute seclusion, avoiding excitement.

Dr. Eastman, ex-Superintendent of the Topeka Asylum for the Insane, gave us an able and very interesting biographical sketch and resume of the labors of the late Brown Sequard. It will be published in the JOURNAL. It was discussed by Dr. Lindsay who said that to Dr. Brown Sequard was due the honor of the discovery that the air inhaled was poisonous not from the CO_2 it contained, but from other substances in the exhaled air. Also the duality of the brain.

Dr. Lane referred to Brown Sequard's medicinal applications of animal extracts, with which the profession at large are familiar.

Dr. Pelton said that it had been ascertained that Aristotle discovered the duality of the mind—long before Brown Sequard—taking away his honor. He also referred to some of the spinal cord experiments which have been placed on record by Brown Sequard.

Dr. Minney, in lieu of Dr. Fryer who was absent, opened the discussion on Immunity, which was freely discussed by Drs. Schenck, Lamphear, Lane, Magee and others.

The Society then adjourned to meet in Leavenworth the second Thursday in July, 1894.

Respectfully,

R. S. MAGEE,
Secretary-Treasurer.

A Letter.

I note with pleasure the increasing tone of the JOURNAL, and am proud to say that among the many journals that find way to my table none are more welcome or more consulted than THE KANSAS MEDICAL JOURNAL.

Fraternally,

J. F. BREWER.

Kansas Medical Journal.

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Topeka, Kansas, Saturday, April 21, 1894.

The Convention.

A convention of physicians practicing in the state of Kansas, will be held in Topeka Tuesday, May 15th, and continuing as long as may be necessary.

The object of the convention is to frame a law that will be satisfactory to all, and devise ways and means for securing its passage by the next legislature.

It is especially desired that every physician interested in this matter appoint himself a committee of one to attend this convention.

Delegates have been appointed from many of the societies and an official notice will be sent to every health officer in the state to be present. This is a matter of vital interest to the profession of Kansas, and must not be neglected.

Immunity.

There are few subjects of more interest to the medical men of today than that of immunity. By the term immunity we mean freedom from certain diseases. This may be inherent or it may be acquired. There is still a question as to the identity of these two conditions. It is an accepted fact that certain animals are immune from certain diseases by certain inherent qualities of the organism.

The dog is immune from tuberculosis, but behind all this there is a certain degree of immunity in man from all disease conditions which we please to call resistance or what Solomon Solis-Cohen would call the proper relations of katabolergy with anabolergy and a sufficient quantity of original energy. In the immunity of the dog from tuberculosis however we have every evidence to show that there is still a condition distinct from this natural resistance or vital energy, a condition depending upon the presence in the blood of some chemical agent, which either destroys the tubercle bacilli or prevents their growth.

Gamaleia says, "Animals non-susceptible to an infection react to an introduction of the virus of the infection by the production of defensive proteids. These defensive proteids can be isolated and have the property of destroying the formed or chemical agents of the malady. They bring about this destruction both in the test tube and in the bodies of animals into which they are injected. As a result by introducing these proteids into the body of susceptible animals they are rendered "refractory to the disease." Recent investigations seem to show that there is existing in the serum of certain animals a substance, not the result of reaction from a virus of the infection, which not only causes immunity in the animal but when injected into other animals produced immunity in them also. Upon the discovery of the definite chemical formation of this substance, depends one of the greatest successes known to science.

Where immunity is produced by the introduction of a virus we readily ascribe it to the production of an anti-toxic proteid, but the existence of such an agent in the blood of non-susceptible animals is a matter of doubt. Taking as a basis for investigation the theory that the toxic element, in all diseases of germ origin, is the product of the vital metabolism of the germ, and assuming from analogy with the action of other chemical agents, that it must be soluble in the fluids of the body, in order to produce its toxic effects, we may reasonably conclude that any agent, either existing in the blood or artificially introduced therein, which would render this toxic agent insoluble, must either prevent or destroy its toxic influence. But from the reports of experimenters with tuberculosis, it is pretty clearly shown that while this product of the vital metabolism of the germ may have something to do with the toxic symptoms of the disease, the characteristic lesions of tuberculosis, are produced by the proteid which makes up the body of the bacilli.

We have no means of knowing, however, the accuracy of these experiments and we doubt the possibility of eliminating all sources of error. We believe the action of all these toxines is governed by chemical rather than physiological or biological laws. Much of the mystery now sutrounding this subject is due to the difficulty with which absolute elimination of all sources of error is obtained.

Kline expresses the opinion that pathogenic germs are capable of growing and producing a definite ferment in a soil containing certain chemical substances, and they are dependent for their growth on the presence of a suitable nourishing material and when a germ has exhausted its own peculiar pabulum it ceases to grow. This theory would explain the limited duration of certain infectious diseases and the immunity from certain infections could also be explained by the absence of the particular pabulum necessary for the growth of that virus. This does not explain, however, the action of blood serum from non-susceptible animals in destroying or preventing the action of a virus.

Taking into consideration the inaccuracy of our knowledge of biological laws and on the other hand the importance of the chemical laws governing the action of other ferments and toxic agents we are prone to accept the theory of the existence in the blood of certain agents which by chemical action form new compounds with the proteid substance forming the bacilli, or with the ptomaine thus rendering them insoluble and inert.

More accurate methods of bacteriological research and a more careful study of the chemistry of patholigal products may yet reveal these processes of nature.

Pathology of Jails and Prisons.

We have watched with a good deal of anxiety for reforms in the management of criminals. When Governor Lewelling issued his manifesto, asking a more lenient application of vagrant laws to the unemployed we imagined that this was the inauguration of more humane and more certain reformative measures in the treatment of criminals. Those having the direct management of our prisons seem to cling tenaciously to the old methods of punishment. We can hardly see how starving a man into submission either increases his capacity for labor or his respect for the law. We can hardly see how a diet of putrid flesh and stale bread would either improve a man's disposition or increase his confidence in his keeper.

But from a medical standpoint there are some features of this abuse of power more worthy of our consideration. What is the effect of prison life upon the health of the imprisoned? With a proper, nutritious diet and sufficient exercise there is no reason why the prisoner need be less vigorous than other individuals, but judging from the appearance of those who have been confined a few weeks or months and from the physical

condition of some we have examined, we must say their nutrition is greatly below the standard of health. Resistance to disease depends in great measure upon the vital energy of the individual. It has long been recognized that defective nutrition is the first step in the development of tubercular phthisis and any condition which interferes with the proper nutrition hastens the progress of the disease. Confinement in close, damp, ill ventillated apartments, with scanty or unwholesome diet, are certainly to be regarded as very unfavorable to good nutrition. Good nutrition depends as much upon proper assimilation as upon a proper and sufficient supply of food, but with neither of these conditions present we ought not to be surprised that convicts succumb readily to disease. The question arises, have the police authorities either a legal or moral right to place the life of a man in jeopardy for some trivial offense against the law? A little of Portia's judgement would not be amiss in these times. Let the criminal suffer the penalty of his crime by all means, but if in its infliction, the punishment be extended beyond the sentence, or by its infliction the health or life of the man be endangered beyond the provisions of the sentence, then let the officials suffer.

The criminals are not the only victims; the public suffers as well. Every case of syphilis or tuberculosis contracted in these places of confinement is a source of infection for scores of others. If our humanity does not extend to the criminal himself, then let us for the sake of his family and friends and the public at large, place such safeguards around the enforcement of our penal laws that will prevent disease rather than encourage its inception.

It is reported that 12 cases of small pox have been discovered in Cook County Hospital, and a quarantine has been established there. This has a very serious outlook considering that the pest houses are already full. What stronger argument is needed for compulsory vaccination than the condition of affairs at Chicago?

Chloroform for Gall-Stones.

In view of the fact that we have published numerous notes on the use of Chloroform for gall-stones we are pleased to make a few extracts from an article by Dr. Buckler in the *Medical Age*. The doctor recommends the use of chloroform in connection with the succinate of iron, of which he says:

"This preparation of iron contains more nascent appropriable oxygen than any other known therapeutic agent, in its decomposition and recompositions can do no harm, and is of all the ferruginous articles one of the very best for malarious cachexia, or in any other conditions where the blood-globules diminish or need rehabilitation. Nitric acid contains, of course, a great deal more oxygen, which is, however, too easily taken up where it is not wanted; whereas the oxygen in succinate of iron is only appropriated when required, and if not needed is not appropriated at all. And for this reason, in all those cases of liver trouble where nitric and hydrochloric acid are usually prescribed, the succinate of iron will, it is believed, be found on trial far more efficacious.

I have used the article for thirty-five years, prepared as a hydrated succinate of the peroxide of iron, and constituted thus: $Fe_2H_2C_4H_4O_4 + 6HO$. Held in suspension in impalpable form, it is permanent when carefully manipulated. Considering the activity of oxygen, it is easy to see what this compound can do with cholesterin and cholesteric fat, containing only one and one-half-per cent. of that omnivorous agent.

In the Transactions of the Kentucky State Medical Society for 1877, Doctor John A. Octerlony reports a number of cases of chole-lithiasis, which were treated with complete success by the use of succinate of iron alone. In these critical and urgent cases of gall-stone, where often no time can with safety be lost, I prefer the conjoint use of terchloride of formyl and the succinate of iron. In the last three cases treated suc-

cessfully, I commenced the use of both chloroform and succinate of iron as soon as the existence of a gall-stone was beyond reasonable doubt established, giving the former in doses of ten drops every four hours, and of the latter a teaspoonful half an hour after each meal.

* * * * *

"The science of general medicine properly administered, and taking into account the frailties of human nature, is as certain as divinity, more so than law; and of all the certainties of medicine there is uothing more absolutely sure than that chloroform will in every instance dissolve calculi in the gall-bladder. When taken into the stomach it passes with the blood of the portal circulation, out of which bile is made, directly to the acini of the liver, and is carried with the newly formed biliary fluid to the gall-bladder, where its solvent power is as effectual as when cholesterin is dropped into a glass containing terchloride of formyl. Sometimes cholesterin clogs the acini and lesser biliary ducts, producing jaundice, in which cases this otherwise obstinate trouble is promptly relieved by giving chloroform; and from the power terchloride of formyl has of dissolving cholesterin within the human body, it is evident that it is not, before performing this office, converted, as some suppose, into a hydrocarbon. It might be given in the form of chloral or nascent chloroform, which latter is set free as soon as chloral comes in contact with the alkalies of the blood, but I have never given it in this form, preferring rather to use Duncan and Flockhart's Edinburgh or Squibb's New York chloroform."

We notice that in all these cases the doctor uses the chloroform by the stomach. As there is some question as to the conditions in which it reaches the gall-bladder why not inject it directly into the gall-bladder? This method has been practiced and recommended by Dr. S. G. Stewart for several years. The pain is instantly relieved, and one or two injections is usually sufficient. The after treatment with succinate of iron we believe would add that feature of permanency to the result which we so much desire.

Compression of the Phrenic Nerve in Laryngitis Stridulus.

DR. H. BIDON,
Sem. Med., 1894; No. 7, p. 26.

Two patients affected with spasm of the glottis were successfully treated by the author according to Lelvire's method of treating nervous hiccough, by compression of the phrenic nerve. The first case was in a young hysterical girl who, after a convulsive crisis, was so violently and persistently seized with spasm of the glottis that a fatal issue appeared imminent. The author put his index finger between the two lower attachments of the right sterno-cleido-mastoid muscle and strongly compressed the phrenic nerve. The patient at once made a respiratory movement. The intermittent compression was repeated about five times a minute; the glottic spasm disappeared in about a quarter of an hour. The patient has had some attacks of the same kind since then, but the same compression of the phrenic nerve always proved efficacious.

The second case was in a confirmed tabetic patient. About ten minutes after every attack of spasm of the glottis, he felt a sudden constriction of the larynx and uttered a sound resembling hiccough; the suffocation gradually increased and he fell into a state of quasi-syncope. In this case, the compression of the phrenic nerve caused the attack to cease immediately; it recurred however, on interrupting the compression; and after a few days all laryngeal trouble disappeared completely.

These observations appear to show that compression of the phrenic nerve is a good means of restricting, at least temporarily, the oft very dangerous symptoms associated with glottic spasm. Since the movements of the glottis do not depend on the phrenic nerve, it must be admitted that the sudden compression of this nerve acts, indirectly, by provoking certain complex, or more or less generalized phenomena of inhibition.

—*American Medico-Surgical Bulletin.*

South Kansas Society.

The South Kansas Medical Society will meet in Wichita, Tuesday May 1st, 1894. Program as follows:

1. The Little Things in Surgery—G. C. Purden, M.D., Wichita.
2. A Review of Seven Hundred Cases of Obstetrics—O. B. Whittaker, M. D., Peabody.
3. Tuberculosis—L. S. Hall, M. D., Augusta.
4. Clinic and Reports of Cases.
5. A Paper—Geo. Halley, M.D., Kansas City.
6. Ectopic Pregnancy—J. E. Oldham, M. D., Wichita.
7. Cholera Infantum—W. H. Stauffer, M. D., Arkansas City.
8. Atropia or Astringents, Which?—E. E. Hamilton, M. D., Wichita.

A cordial invitation is given to attend the meeting and report cases or present patients for clinical purposes.

To Stain Tubercle Bacilli.

Czaplewski (*Arb. aus dem path-Anat. Inst. zu Tubingen*, 1892, B. i, H. 3; *Monatsh, f. prakt. Derm.*, B. xvii, No. 4, p. 174) recommends the following procedure: The sputum is first spread in a thin layer upon a slide, dried in the air, and carefully passed through the flame of a Bunsen burner. Then carbol-fuchsin is added, and heated until the vapor of steam arises, when a solution constituted as follows is dropped upon the slide held obliquely, until the surface is cleared: hydrochloric acid and sodium chlorid, each 2½ parts; distilled water, 100 parts; a solution is made, and alcohol, 500 parts, added. The slide is then washed with water, permitted to dry in the air, and finally a drop of some immersion-oil added that can be readily removed by xylol.—*Medical News.*

War on Quacks.

Dr. H. A. Dykes, our secretary of the State Board of Health, is doing a most commendable work in exterminating these pests from the state of Kansas.

The "Chicago Dispensary," located in very unpretentious quarters, in this city, but doing some very pretentious advertising is now under surveillance and the head of the concern, Dr. L. G. Remaley, will be arrested as soon as he can be caught. We hope this is only the beginning of this war and that it will be carried to completeness.

Unfortunately, there are a great many too many of these "institoots," located in the capital city. As they do most of their business through advertisements and agents it is difficult to ascertain the extent of their nefarious business except by reports from other parts of the state. A little encouragement however, in the way Dr. Dykes proposes to manage these cases, will soon bring forth the information and evidence necessary to convict.

Keeleyism.

We noticed a few days ago in a local newspaper a statement that 90 per cent. of the "Keeley graduates" are permanently cured. This statement was furnished by the managers of the treatment. We clip from the *Medical Age* the following as being a statement of one of the graduates:

WHAT KEELEYISM ACCOMPLISHES.

"A Keeley "graduate," now under treatment for relapse, furnishes the following information concerning his native town: Of sixteen cases that went through "cure," three have since died suddenly, one committed suicide, eleven have relapsed, and one still holds out."

It is not easy to say how these two statements can be reconciled and we don't propose to try. From our present knowledge of the history of a few of these cases we are inclined to believe the graduate's report rather than the other. Of a considerable number of "Keeley graduates" with whom we have been acquainted all but two or three have relapsed.

American Medical Publishers' Association.

The annual meeting of this association will be held at White Sulphur Springs, West Va., Friday and Saturday, August 3d and 4th, 1894. The annual dinner will be given in the evening of the first day. A number of practical papers are being prepared, bearing upon subjects of interest to every one engaged in medical publishing. The above dates have been selected as a time when most business men can best spare a few days for a pleasure trip, and reduced rates having been secured at the hotels for members and their families, it is hoped that this meeting will be one of congeniality as well as of business interest. A special meeting has been called for June 4th, at San Francisco, in the Palace Hotel, at 1 p. m. sharp, for the transaction of special business. It is hoped that all publishers attending the A. M. A. will make it a point to be present at this meeting.

Western and Southern members should write to E. B. Pope, C. & O. R'y, St. Louis, and arrange to advertise for transportation to White Sulphur Springs.

Caffeine in Malarial Fevers.

Dr. Federico Biscini, of Montecompatri, Italy, said that physicians in ancient and modern times had used coffee with good results in the treatment of malarial fevers. Black coffee, with the addition of lemon juice, is used in intermittent fevers in places as remote as Morocco and Mississippi, and many authors regard it as one of the most efficacious remedies in these affections. The French army surgeons in Algiers resort to it whenever their supply of quinine gives out. Douzin (Bouchardat's *Annales de Therapeutique*) lauds a decoction of unroasted coffee in periodic fevers. We find it recommended by Murray and also by Paldames, who prefers the powder of raw coffee, and by Weber, who uses the alcoholic tincture. Delioux gives a decoction of coffee in doses of one to two ounces every hour before the paroxysm, and looks upon it as one of our most powerful febrifuges. Many others also have spoken of it in the highest terms. To Grindel, however, is due the credit of a thorough experimental study of this remedy, and he regards it as one of the best succedanea of quinine. He made these studies in Dorpat, Russia, and among a large number of cases of intermittent fever found very few which resisted the action of coffee. Others have succeeded in curing by this remedy many cases which had proved rebellious to quinine. Contani, Niemeyer, and others speak in the same terms of the remedy. Since so many clinicians have obtained excellent results with coffee, why should we not make experiments with caffeine? The author desired to recommend the experiments with caffeine and its salts, including the arseniate, to the members of the Congress, himself not having had enough cases to enable him to come to a definite conclusion as to their value, his practice being in a district where but little malarial fever was encountered.

Copper in Syphilis.

Dr. A. F. Price, of France, recommends the use of the salts of copper as a specific in syphilis. He claims it cures more radically than mercury. It must be given in very minute doses until a tolerance is established then it can be used in doses of 1-32 of a grain. It is best combined with sulphate of iron.

A New Hospital.

The directors of the A., T. & S. Fe R'y have completed arrangements for the erection of a Hospital at Topeka. It will have a capacity of 80 beds and will cost in the neighborhood of $70,000. A company hospital at this point has long been needed and we are glad the directors have ordered its erection.

Another Endorsement.

The Bourbon County Medical Society are heartily in sympathy with our plan for securing a medical law. We regret the fact that no delegates were appointed, but hope that Bourbon county will be represented at the convention by several of its progressive physicians. We have received the following from Dr. Jarrett, of Ft. Scott:

FORT SCOTT, KAN., April 6, 1894.

Editor Kansas Medical Journal.

Dear Doctor:—At the regular meeting of the Bourbon County Medical Society last night mention was made of the meeting which has been called in Topeka for the purpose of preparing to legislate against quackery in our state. The subject was discussed, but as it seemed improbable that a representative from this county would be present, the society directed me, as its secretary, to request you to assure the meeting that it has our warmest sympathy. And that we are ready and willing to do what we can to secure effective legislation against quackery and the practice of medicine by incompetent persons in Kansas.

Yours truly,

M. F. JARRETT, M. D.,
Sec. Bourbon Co. Med. Society.

Incompatibles.

Dr. James Kennedy, Professor of Pharmacy, University of Galveston, Tex., says: "A mixture of antipyrine and nitrous ether will deposit green crystals if allowed to stand, providing there is not sufficient water present to keep the new substance in solution. Acetate of lead and sulphate of zinc are frequently ordered in combination for use in the treatment of inflammatory affections of the genital mucous membranes under the impression that the constringing power of these drugs is enhanced by so doing. This is a mistake. Double decomposition occurs when these two salts are dissolved together; sulphate of lead is precipitated as an inert substance, while the acetic acid is transferred to the zinc to form zinc acetate. Strychnine is sometimes prescribed in combination with the bromides or iodides. This is a dangerous practice, for the reason that after the mixture has been allowed to stand for some time the bromide or iodide of strychnine will crystallize and be deposited in the bottom of the vial, and as the last dose of the medicine is taken the greater portion of this powerful drug contained may be swallowed, and perhaps with fatal results. Illustrations of chemical incompatibility might be multiplied *ad infinitum*. The following rules should be borne in mind: Acids should never be prescribed with alkalies or their carbonates. Alkaloids should never be prescribed in combination with alkalies or alkaline carbonates. Salts of the alkaline earths, *i. e.*, magnesium, calcium, barium, and strontium should not be prescribed with soluble carbonates, tartrates, or oxalates, and in the case of the three latter elements they should never be combined with soluble sulphates, phosphates, arsenates, phosphoric or sulphuric acid. The heavy metals, such as iron, manganese, lead, mercury, silver, and zinc should never be prescribed in conjunction with the alkalies, their carbonates or oxalates. Silver should never be prescribed in combination with chlorides, bromides, iodides, or hydrochloric acid or organic matter (substances of vegetable or animal origin). The soluble salts of lead should never be combined with chlorides, hydrochloric, hydrobromic or sulphuric acid."

Radical Method of Curing Corns Between the Toes.

Dr. A. M. Phelps advises that in case of corns between the toes, which after ordinary treatment recur, the skin between the adjacent toes should be entirely removed and the toes brought together by a line of sutures and allowed to unite. The webbing of the toes is entirely unimportant.

T. D. Finck, M. D., Kentucky School of Medicine, Louisville, says:

"I am convinced there is no remedy so useful and attended with such satisfactory results in the treatment of melancholia with vasomotor disturbances, anemic headaches, emotional distress and active delusions of apprehension and distrust, as antikamnia. It also increases the appetite and arterial tension, as well as being particularly serviceable in relieving the persistent headache which accompanies nervous asthenia.

As an antiseptic and antipyretic and antiperiodic it is good, nothing better. It is especially beneficial in spasmodic asthma, in hay fever, in whooping cough, in headaches, particularly of the nervous variety, also that from disorders of the digestive organs, or from the various neuroses.

In mild hysteroid affections, in the various neuralgias, particularly ovarian, in the nervous tremor so often seen in confirmed drunkards, also in delirium tremens, it is of particular service.

The pain of locomotor ataxia yields to treatment with antikamnia in a remarkable degree, its analgesic power being of a peculiar kind, in that it will relieve painful affections due to pathological conditions of the peripheral nerves, as neuritis, etc.; also lumbago, sciatica and myalgia.

When pain is the prominent symptom, it is a desideratum, as its province is relief of pain in any and every form. And best of all, there is no danger of morphinism, no nausea nor malaise so common with opium and its preparations."—*Cincinnati Lancet Clinic.*

We have just received the announcement of the marriage of Dr. O. C. McNary to Miss Laura Kelly, of Leavenworth.

Dr. McNary has been for several years assistant surgeon at the Soldiers' Home. He is a member of State Society and of the East Kansas, and if he makes as good a husband as he has a surgeon his wife may be proud of him—which of course she will.

The New Antidote to Morphia.

There seems to be still some question as to the antidotal properties of per manganate of potassium in poisoning by morphia.

Dr. L. A. Harding in *Medical Record* suggests that on account of the ready deoxidation of the permanganate it is highly improbable that it would have any more action upon morphia than any other substance and if the morphia has been absorbed into the circulation it would not be reached by the permanganate as this substance is rapidly decomposed by the blood.

In the same journal Dr. Rector reports the results of several experiments on dogs. He concludes that dogs will recover as soon and as completely from a dose of 15 grains of morphia without any antidote as where the permanganate is given.

There seems still to be room for investigation in this line and we should be a little wary lest we trust too confidently in this much vaunted antidote.

Climate is Cheaper Than Medicine.

In New England 15,000 persons die annually of consumption. An out-of-doors life, plenty of sunshine, dry air, and absence of chilling fogs and sudden change of temperature, would have prevented at least 90 per cent. of that said mortality.

Climate is a cheaper and more certain cure than medicine. A ticket to New Mexico costs less than the doctor's daily visit.

This favored land is reached by the great Atchison, Topeka and Santa Fe Railroad. For further information address: Mr. G. T. Nicholson, G. P. A., A. T. & S. Fe R. R., Topeka, Kansas.

Why Prescriptions Are Written in Latin.

Jinks (examining his prescription)—"The doctors are awfully fond of Latin, aren't they?"

Filkins—"Yes; It's a dead language, you know."